

EMERGENCY MEDICAL SERVICES AUTHORITY

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April 24, 2017

Ms. Jackie Lowther, EMS Director
Santa Clara County EMS Agency
700 Empey Way
San Jose, CA 95128

Dear Ms. Lowther:

This letter is in response to Santa Clara County's 2015 EMS Plan Update submission to the EMS Authority on November 23, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of Santa Clara County's 2015 EMS Plan Update and cannot approve the plan as submitted.

II. History and Background:

Santa Clara County received its last full plan approval for its 2011 plan submission, and its last annual plan update for its 2014 plan submission.

Historically, we have received EMS Plan submissions from Santa Clara County for the following years:

- 1994
- 1996
- 1999
- 2001
- 2004
- 2005
- 2007-2011
- 2014

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with

statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Santa Clara County's 2015 EMS Plan Update. Areas that indicate the plan submitted is not concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | Approved | Not Approved | |
|--|-------------------------------------|---|
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Response/Transportation</u> |
1. Request for Proposal

Per the EMS Authority's letter, dated April 14, 2017, an evaluation of the Santa Clara County (SCEMS) 2015 EMS Plan was reviewed along with the original implemented contract for Request for Proposal (RFP) #PHD-10-06. The EMS Authority identified that the contract to implement SCEMS's 2010 RFP #PHD-10-06 had six (6) amendments over the course of 6 years, including a 3 year extension. This led to a specific review of the amendments to the contract between SCEMS and Rural/Metro (now owned by AMR) to determine if the implementation was consistent with the RFP as it was originally approved.

As a result of this review, there have been significant changes to the contract to implement the approved RFP that change the assumptions and economic conditions upon which all bidders relied upon in good faith when responding to the original competitive process. These specific amendments and provisions significantly decrease the costs and increase the revenue to the selected provider beyond what was included in the approved RFP, and therefore constitutes a failure to implement the EMS plan as approved.

Since the amendments significantly alter the previously approved solicitation, the current contract is no longer representative of the original requirements and assumptions upon which bidders constructed their responses. Therefore, the approved RFP and ensuing operational contract, as implemented by SCEMS to date, does not ultimately provide a fair and level playing field for all bidders, and consequently the EMS Authority cannot continue our prior approval of the competitive process as part of the local EMS plan.

The following three determinations have been made by the EMS Authority based upon the circumstances:

- The EMS Authority is rescinding its approval of RFP #PHD 10-06, as part of the 2010 EMS plan, effective immediately, for failure to continue to implement the RFP as approved;
- The EMS Authority is staying the decision to rescind until June 30, 2019. This effectively means that SCEMS must initiate and complete a new competitive process if the local EMS agency wishes the sub-area to continue to be an exclusive operating area past June 30, 2019, and to receive state action immunity; and
- The EMS Authority will not be able to approve the 2015 EMS plan until such time as a revised plan and timetable for a new competitive process has been submitted.

E. Facilities/Critical Care

F. Data Collection/System Evaluation

1. EMS Data - California EMS Information System (CEMSIS)

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103).

Statewide, there are 20 Local EMS Agencies submitting EMS data. Our records indicate Santa Clara County is not submitting EMS data at this time. In order for the EMS

Authority to meet statutory requirements, please begin submission of EMS data into CEMSIS.

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, Santa Clara County's 2015 EMS Plan Update is not approved.

Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

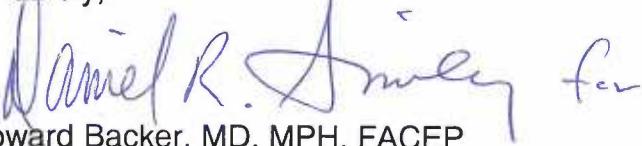
V. Next Steps:

If you desire to appeal the denial of this plan submission to the Commission on EMS, please inform the EMS Authority in writing within 15 days of your receipt of this letter. The EMS Authority will then begin the process to schedule your appeal to be heard before the Office of Administrative Hearings.

Santa Clara County's next annual EMS Plan submission will be due on or before April 30, 2018.

If you have any questions regarding the plan determination, please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695.

Sincerely,


Howard Backer, MD, MPH, FACEP
Director

Enclosure

**County of Santa Clara
Emergency Medical Services System**

Emergency Medical Services Agency
700 Empey Way
San Jose, CA 95128
408.794.0600 voice | www.sccemsagency.org
www.facebook.com/SantaClaraCountyEMS



November 22, 2016

Howard Backer, MD, MPH, FACEP, Director
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Subject: 2015 EMS Plan Annual Update

Dear Dr. Backer,

Santa Clara County Emergency Medical Services respectfully submits our EMS Plan Update for calendar year 2015.

Should you have any questions or need additional information, please don't hesitate to contact me at any time.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackie M. Lowther RN".

Jackie M. Lowther, RN, MSN, MBA
Interim EMS Director

Enclosure:
2015 Emergency Medical Services Plan Update



County of Santa Clara
Emergency Medical Services Agency

700 Empey Way
San José, CA 95128
408.794.0600 main

2015

EMERGENCY MEDICAL SERVICES PLAN UPDATE

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Executive Summary

The Santa Clara County Emergency Medical Services System has continued to work towards the completion of various goals and objectives contained within the Santa Clara County Emergency Medical Services Strategic Plan in 2015 in addition to a variety of other key projects. Key areas addressed in 2015 include, but are not limited to the following:

Super Bowl 50

Levi's Stadium in the City of Santa Clara hosted Super Bowl 50 in February 2016. In preparation for the event, the Santa Clara County Emergency Medical Services System began planning for the National Security Event in late 2014 and throughout 2015. The EMS System anticipated an increase in call volume during the Super Bowl period throughout the entire County.

Multiple Patient Management Plan Revision

The Multiple Patient Management Plan (MPMP) is a procedure for dealing with large numbers of patients (over 10) that require emergency medical care; focusing on triage, rapid treatment, and transport. The MPMP was last revised in April 2006. The revision expanded the process by which patients can be transported to hospitals out of the county when local hospitals are overwhelmed, codifies resources dispatched to various types of incidents, and includes a formal quality improvement tool for use in the existing incident quality review process. In November of 2014, Santa Clara County participated in the regional Urban Shield Exercise that included the need to activate the MPMP and route patient's throughout the bay area. The Santa Clara County EMS System was recognized as a strength for quality planning and field operations during this exercise. Several recommendations for improvement were noted that are addressed in this update, primarily out-of-county patient routing and a general plan update since the plan had not been revised since 2006 (it was reviewed in 2011). The MPMP was finalized in the summer of 2015 and then presented in the Annual EMS Update occurring in September/October 2015.

Web-Based Credentialing System Implementation

The EMS Agency is in the process of implementing a new web-based professional credentialing system (EMT certification, paramedic accreditation, mobile intensive care nurse accreditation, medical volunteer management, EMS field supervisor accreditation, etc.) as part of the Comprehensive EMS Data System. The system replaces an obsolete software-based solution that is no longer able to be supported by the vendor. The new system will enable emergency medical technicians, paramedics, and medical volunteers to credential remotely including making payments and submitting documents electronically. All first time applicants will continue to be required to credential in person for the first time in order to verify credentials, complete required testing and to verify identity. The system integrates with other aspects of the Comprehensive EMS Data System. In addition, users will realize an increase in customer service by being able to view their credential history, update required activities (such as continuing education, skills testing, etc.), set alerts and reminders, and maintain the user's profile. Credentials

may be remotely verified using a Quick Response (QR) code that appears on each identification card or entered into a publically viewable web portal.

Organizational Changes

In June of 2015, the Emergency Medical Services Agency was organizationally moved to report directly to a Deputy County Executive responsible for the County's Health and Hospital System and no longer affiliated with the Public Health Department. The EMS Agency and Public Health Department continue to work collaboratively to fill the role of the Medical Health Operational Area Coordinator.

In February of 2015, Michael Petrie, EMS Director was replaced by Jackie Lowther, the current Interim EMS Director.

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		✓	N/A		
1.02 LEMSA Mission		✓	N/A		
1.03 Public Input		✓	N/A		
1.04 Medical Director		✓	✓		
Planning Activities:					
1.05 System Plan		✓	N/A		
1.06 Annual Plan Update		✓	N/A		
1.07 Trauma Planning		✓	✓		
1.08 ALS Planning		✓	N/A		
1.09 Inventory of Resources		✓	N/A		
1.10 Special Populations		✓			
1.11 System Participants		✓	✓		
Regulatory Activities:					
1.12 Review & Monitoring		✓	N/A		
1.13 Coordination		✓	N/A		
1.14 Policy & Procedures Manual		✓	N/A		
1.15 Compliance w/Policies		✓	N/A		
System Finances:					
1.16 Funding Mechanism		✓	N/A		
Medical Direction:					
1.17 Medical Direction		✓	N/A		
1.18 QA/QI		✓	✓		
1.19 Policies, Procedures, Protocols		✓	✓		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		✓	N/A		
1.21 Determination of Death		✓	N/A		
1.22 Reporting of Abuse		✓	N/A		
1.23 Interfacility Transfer		✓	N/A		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		✓	✓		
1.25 On-Line Medical Direction		✓	✓		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		✓	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		✓	N/A		
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		✓	N/A		

B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		✓	N/A		
2.02 Approval of Training		✓	N/A		
2.03 Personnel		✓	N/A		
Dispatchers:					
2.04 Dispatch Training		✓			
First Responders (non-transporting):					
2.05 First Responder Training		✓	✓		
2.06 Response		✓	N/A		
2.07 Medical Control		✓	N/A		
Transporting Personnel:					
2.08 EMT-I Training		✓	✓		
Hospital:					
2.09 CPR Training		✓	N/A		
2.10 Advanced Life Support		✓			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		✓	N/A		
2.12 Early Defibrillation		✓	N/A		
2.13 Base Hospital Personnel		✓	N/A		

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan		✓	✓		
3.02 Radios		✓	✓		
3.03 Interfacility Transfer		✓	N/A		
3.04 Dispatch Center		✓	N/A		
3.05 Hospitals		✓	✓		
3.06 MCI/Disasters		✓	N/A		
Public Access:					
3.07 9-1-1 Planning/Coordination		✓	✓		
3.08 9-1-1 Public Education		✓	N/A		
Resource Management:					
3.09 Dispatch Triage		✓	✓		
3.10 Integrated Dispatch		✓	✓		

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		✓	✓		
4.02 Monitoring		✓	✓		
4.03 Classifying Medical Requests		✓	N/A		
4.04 Prescheduled Responses		✓	N/A		
4.05 Response Time		✓	✓		
4.06 Staffing		✓	N/A		
4.07 First Responder Agencies		✓	N/A		
4.08 Medical & Rescue Aircraft		✓	N/A		
4.09 Air Dispatch Center		✓	N/A		
4.10 Aircraft Availability		✓	N/A		
4.11 Specialty Vehicles		✓			
4.12 Disaster Response		✓	N/A		
4.13 Intercounty Response*		✓	✓		
4.14 Incident Command System		✓	N/A		
4.15 MCI Plans		✓	N/A		
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		✓	✓		
4.17 ALS Equipment		✓	N/A		
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		✓	N/A		
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		✓	N/A		
4.20 "Grandfathering"		✓	N/A		
4.21 Compliance		✓	N/A		
4.22 Evaluation		✓	N/A		

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		✓			
5.02 Triage & Transfer Protocols		✓	N/A		
5.03 Transfer Guidelines		✓	N/A		
5.04 Specialty Care Facilities		✓	N/A		
5.05 Mass Casualty Management		✓	✓		
5.06 Hospital Evacuation		✓	N/A		
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation		✓	N/A		
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		✓	N/A		
5.09 Public Input		✓	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		✓	N/A		
5.11 Emergency Departments		✓	✓		
5.12 Public Input		✓	N/A		
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		✓			
5.14 Public Input		✓			

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		✓			
6.02 Prehospital Records		✓	N/A		
6.03 Prehospital Care Audits		✓			
6.04 Medical Dispatch		✓	N/A		
6.05 Data Management System		✓			
6.06 System Design Evaluation		✓	N/A		
6.07 Provider Participation		✓	N/A		
6.08 Reporting		✓	N/A		
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		✓			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		✓			
6.11 Trauma Center Data		✓			

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		✓	✓		
7.02 Injury Control		✓	✓		
7.03 Disaster Preparedness		✓	✓		
7.04 First Aid & CPR Training		✓			

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning		✓	N/A		
8.02 Response Plans		✓	✓		
8.03 HazMat Training		✓	N/A		
8.04 Incident Command System		✓	✓		
8.05 Distribution of Casualties		✓			
8.06 Needs Assessment		✓	✓		
8.07 Disaster Communications		✓	N/A		
8.08 Inventory of Resources		✓	✓		
8.09 DMAT Teams		✓	✓		
8.10 Mutual Aid Agreements		✓	N/A		
8.11 CCP Designation		✓	N/A		
8.12 Establishment of CCPs		✓	N/A		
8.13 Disaster Medical Training		✓	✓		
8.14 Hospital Plans		✓	✓		
8.15 Interhospital Communications		✓	N/A		
8.16 Prehospital Agency Plans		✓	✓		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		✓	N/A		
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		✓	N/A		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		✓	N/A		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.18	Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.	X	The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.	The Santa Clara County EMS Agency meets the minimum standard.	
5.03	Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.	X	The Santa Clara County EMS Agency meets the minimum standard.	The Santa Clara County EMS Agency meets the minimum standard.	
6.03					

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

The EMS Agency has a well qualified .5 FTE medical director on contract. During 2016, the EMS Agency wants to increase EMS Medical Director coverage to 1.0 FTE and support the medical director by instituting a specialty-physician based medical advisory committee, as identified in the 2013 EMS System Strategic Plan. The EMS Medical Director is supported by a series of advisory groups that include EMT's, paramedics, physicians, and specialists in the area of trauma, stroke, and cardiac care; pediatrics, disaster medicine, and public health.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

Operational and clinical audits of prehospital care routinely occur through various methods. These include response reports, system analysis, and quality review programs. The current data project addresses the links identified in this standard. SCC will maintain a comprehensive data hub that collects data from dispatch, first responders, transport agencies and hospital. The data will be used in multiple forums as a tool to perform audits, research, system design, performance improvement and patient safety.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

The EMS Agency is in the process of establishing a comprehensive EMS data management system.

In 2007, SCC EMS agency began the process to obtain the services of a consultant who could assist us to develop a centralized, inclusive EMS data base. An EMS Data Steering Committee was formed to facilitate a written RFP for the consultant. The steering committee consisted of representatives from the Fire Service, the transport provider agency, the private transport provider agencies, the dispatching centers (County Communications, and PSAPS), the EMS Agency operations section, and SCC PHS IS staff.

The majority of the Comprehensive EMS Patient Care Data System components were operational in 2014. This included all fire departments/first responders, private ambulance services, and the County Service Area EOA provider use of a central data repository.

Everything is complete except HIE, which will not be completed until 2018.

COORDINATION WITH OTHER EMS AGENCIES:

The Data System complies with NEMSIS Gold standards.

All NEMSIS 3.4 standards are met and were met at the end of 2016.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: CY 2015

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%).)

County: Santa Clara County

A. Basic Life Support (BLS)	<u>0</u>	%
B. Limited Advanced Life Support (LALS)	<u>0</u>	%
C. Advanced Life Support (ALS)	<u>100</u>	%

2. Type of agency
 - a) Public Health Department - January to May 2015
 - b) County Health Services Agency - June to December 2015
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
 - a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES (FY2015)

Salaries and benefits (All but contract personnel)	\$ <u>2,236,674</u>
Contract Services (e.g. medical director)	<u>300,000</u>
Operations (e.g. copying, postage, facilities)	<u>100,391</u>
Travel	<u>3,716</u>
Fixed assets	<u>56,315</u>
Indirect expenses (overhead)	<u>186,000</u>
Ambulance subsidy	<u>n/a</u>
EMS Fund payments to physicians/hospital	<u>n/a</u>
Dispatch center operations (non-staff)	<u>n/a</u>
Training program operations	<u>n/a</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
TOTAL EXPENSES	\$ _____

6. SOURCES OF REVENUE (FY2015)

Special project grant(s) [from EMSA]	\$ <u>0</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>0</u>
Office of Traffic Safety (OTS)	<u>0</u>
State general fund	<u>0</u>
County general fund	<u>23,000</u>
Other local tax funds (e.g., EMS district)	<u>0</u>
County contracts (e.g. multi-county agencies)	<u>0</u>
Certification fees	<u>120,797</u>
Training program approval fees	<u>5,000</u>
Training program tuition/Average daily attendance funds (ADA)	<u>0</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>
Base hospital application fees	<u>0</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>300,000</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>
Other critical care center application fees	
Type: _____	<u>0</u>
Other critical care center designation fees	
Type: <u>Stroke Center Designation</u>	<u>100,000</u>
Type: <u>911 Receiving Hospital Designation</u>	<u>100,000</u>
Type: <u>ST Elevation Myocardial Infarction (STEMI) Designation</u>	<u>80,000</u>
Ambulance service/vehicle fees	<u>363,100</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)	<u>316,638</u>
Other grants: _____	<u>0</u>
Other fees: _____	<u>0</u>
Other (specify): <u>Ambulance Franchise Fee</u>	<u>1,474,561</u>
TOTAL REVENUE	\$ <u>2,883,096</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

- We do not charge any fees
 Our fee structure is:

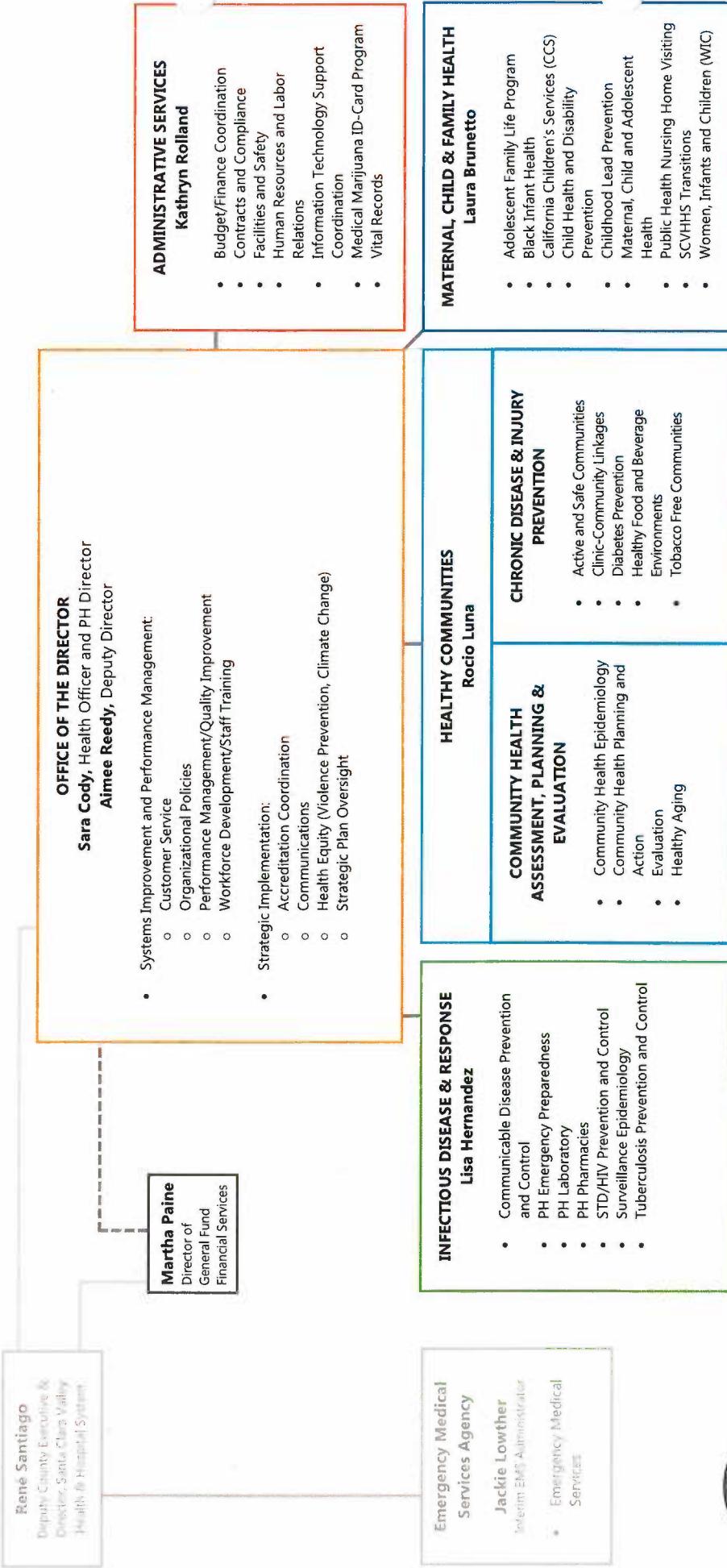
First responder certification	\$ <u>n/a</u>
EMS dispatcher certification	<u>n/a</u>
EMT-I certification	<u>50</u>
EMT-I recertification	<u>50</u>
EMT-defibrillation certification	<u>n/a</u>
EMT-defibrillation recertification	<u>n/a</u>
AEMT certification	<u>n/a</u>
AEMT recertification	<u>n/a</u>
EMT-P accreditation	<u>150</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>n/a</u>
MICN/ARN recertification	<u>n/a</u>
EMT-I training program approval	<u>1,000</u>
AEMT training program approval	<u>n/a</u>
EMT-P training program approval	<u>5,000</u>
MICN/ARN training program approval	<u>n/a</u>
Base hospital application	<u>n/a</u>
Base hospital designation	<u>n/a</u>
Trauma center application	<u>n/a</u>
Trauma center designation	<u>100,000</u>
Pediatric facility approval	<u>n/a</u>
Pediatric facility designation	<u>n/a</u>
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: Stroke Center Designation	<u>10,000</u>
Type: 911 Receiving Center Designation	<u>10,000</u>
Type: ST Elevation Myocardial Infarction (STEMI) Designation	<u>10,000</u>
Ambulance service license	
Type: Basic Life Support	<u>5,000</u>
Type: Advanced Life Support/Critical Care Transport	<u>6,000</u>
Type: Air Ambulance	<u>8,000</u>
Ambulance vehicle permits	<u>950</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	\$73.33	49%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior EMS Specialist	1.0	\$62.01	49%	
ALS Coord./Field Coord./Trng Coordinator	EMS Specialist	2.0	\$57.66	49%	
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist	2.0	\$57.66	49%	
Trauma Coordinator	Specialty Programs Nurse Coordinator	1.0	\$70.98	49%	
Medical Director	EMS Medical Director	0.5	\$120.00	No benefits	PERS only
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner	EMS Specialist	1.0	\$57.66	49%	
Dispatch Supervisor					
Medical Planner	EMS Specialist	1.0	\$57.66	49%	
Data Evaluator/Analyst	Epidemiologist II	1.0	\$42.94	49%	
QA/QI Coordinator	EMS Specialist	1.0	\$57.66	49%	
Public Info. & Education Coordinator	EMS Specialist	1.0	\$57.66	49%	
Executive Secretary	Executive Assistant	1.0	\$30.49	49%	
Other Clerical	Administrative Assistant	1.0	\$28.15	49%	
Data Entry Clerk	Office Specialist III	1.0	\$24.82	49%	
Other	Senior Management Analyst	1.0	\$52.82	49%	

Santa Clara County Public Health Department

ORGANIZATIONAL CHART



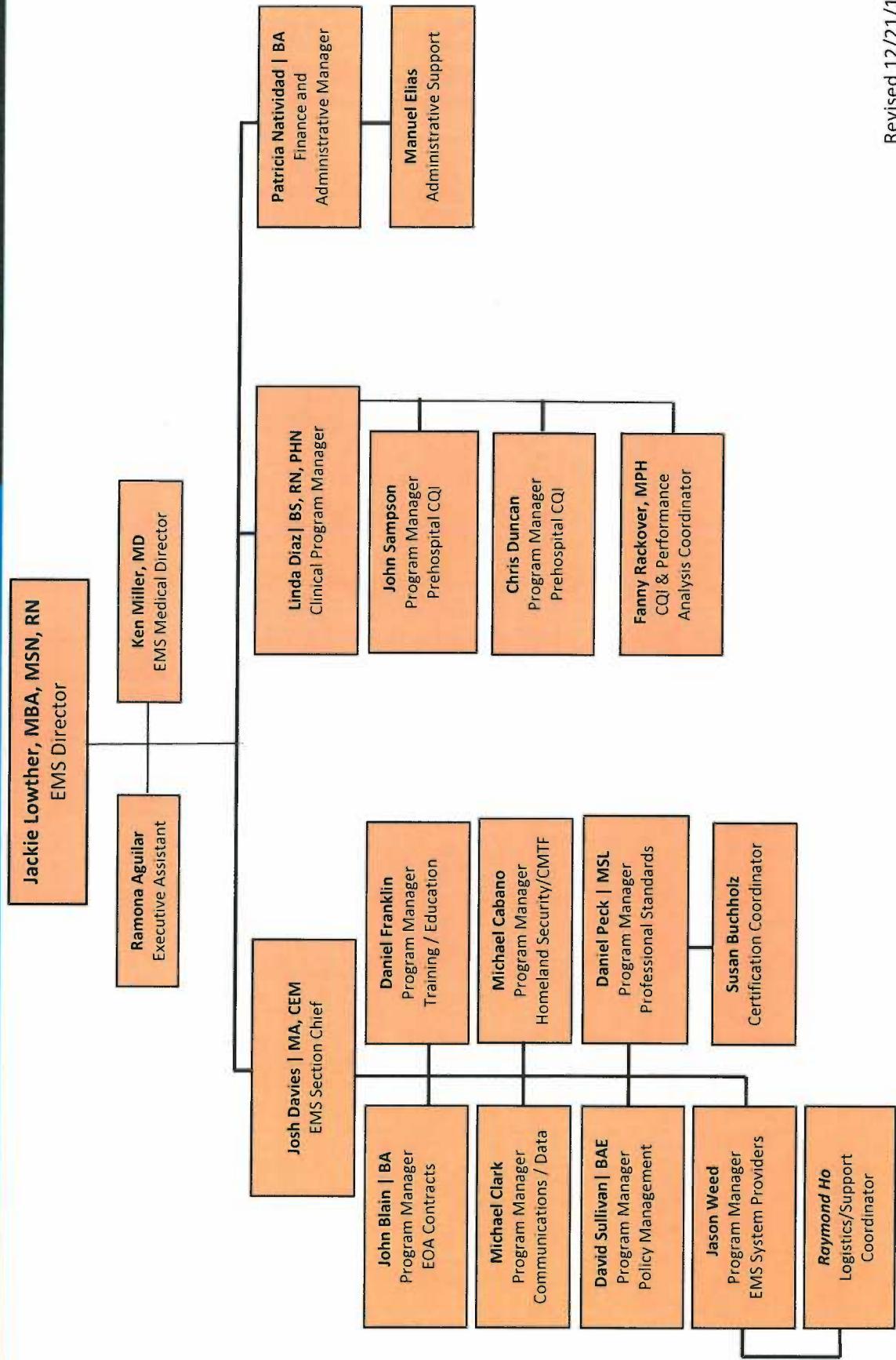
Santa Clara County
PUBLIC
HEALTH





County of Santa Clara
Emergency Medical Services System

EMS AGENCY ORGANIZATION CHART



Revised 12/21/15

TABLE 3: STAFFING/TRAINING

Reporting Year: 2015

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	2874			
Number newly certified this year	440			
Number recertified this year	630			
Total number of accredited personnel on July 1 of the reporting year		740	26	
Number of certification reviews resulting in:				
a) formal investigations	70			
b) probation	4			
c) suspensions	0			
d) revocations	4			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
b) Number of public safety (defib) certified (non-EMT-I)

2874
0

2. Do you have an EMR training program

X yes no
*Santa Clara County had 2 approved EMR Training Programs, but did not offer EMR certification in 2015.

TABLE 4: COMMUNICATIONSCounty: Santa Clara CountyReporting Year: 2015

1. Number of primary Public Service Answering Points (PSAPs)	13								
2. Number of secondary PSAPs	3								
3. Number of dispatch centers directly dispatching ambulances	[2] Emergency [9] Non-Emergency								
4. Number of EMS dispatch agencies utilizing EMD guidelines	5								
5. Number of designated dispatch centers for EMS Aircraft	2								
6. Who is your primary dispatch agency for day-to-day emergencies?	Santa Clara Co. Communications								
7. Who is your primary dispatch agency for a disaster?	Santa Clara Co. Communications								
8. Do you have an operational area disaster communication system? a. Radio primary frequency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
	<table border="1"><thead><tr><th>Receive</th><th>PL</th><th>Transmit</th><th>PL</th></tr></thead><tbody><tr><td>856.4375</td><td>192.8</td><td>811.4375</td><td>94.8</td></tr></tbody></table>	Receive	PL	Transmit	PL	856.4375	192.8	811.4375	94.8
Receive	PL	Transmit	PL						
856.4375	192.8	811.4375	94.8						
b. Other methods (interoperable frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
	<table border="1"><thead><tr><th>Receive</th><th>PL</th><th>Transmit</th><th>PL</th></tr></thead><tbody><tr><td>852.5125</td><td>156.7</td><td>807.5125</td><td>131.8</td></tr></tbody></table>	Receive	PL	Transmit	PL	852.5125	156.7	807.5125	131.8
Receive	PL	Transmit	PL						
852.5125	156.7	807.5125	131.8						
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? 1) Within the operational area? 2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								

TABLE 5: RESPONSE/TRANSPORTATIONReporting Year: 2015

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers1. Number of EMT-Defibrillation providers 23**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	07:59 min	09:59 min	11:59 min	N/A
Early defibrillation responder	07:59 min	09:59 min	11:59 min	N/A
Advanced life support responder	07:59 min	09:59 min	11:59 min	N/A
Transport Ambulance	11:59 min	16:59 min	21:59 min	N/A

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2015

NOTE: Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	7796
2. Number of major trauma victims transported directly to a trauma center by ambulance	5945
3. Number of major trauma patients transferred to a trauma center	666
4. Number of patients meeting triage criteria who weren't treated at a trauma center	unable to determine

Emergency Departments

Total number of emergency departments	11
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	10
4. Number of comprehensive emergency services	1

Receiving Hospitals

1. Number of receiving hospitals with written agreements	11
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster MedicalReporting Year: 2015County: Santa Clara County**NOTE:** Table 7 is to be answered for each county.**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Adjacent to incident locations as needed
 - b. How are they staffed? Public Safety Personnel and Medical Volunteers
 - c. Do you have a supply system for supporting them for 72 hours? Yes No
2. CISD
Do you have a CISD provider with 24 hour capability? Yes No
3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? Varies
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 15
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

4. List all counties with which you have a written medical mutual aid agreement.

Santa Cruz County

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? **County Public Health Department**
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Santa Clara	Provider:	Bayshore Ambulance	Response Zone:	Santa Clara County
Address:	PO Box 4622 Foster City, CA 94404	Number of Ambulance Vehicles in Fleet:		7	
Phone Number:	(650) 525-3855	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		3	
<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>		<u>Level of Service:</u>	
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Transport <input type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT	<input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water
<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>	
<input type="checkbox"/> Public X Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	
Transporting Agencies					
<u>875</u>	Total number of responses	<u>868</u>	Total number of transports		
<u>1</u>	Number of emergency responses	<u>1</u>	Number of emergency transports		
<u>874</u>	Number of non-emergency responses	<u>867</u>	Number of non-emergency transports		
Air Ambulance Services					
<u> </u>	Total number of responses	<u> </u>	Total number of transports		
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports		
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports		

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>CALSTAR</u>	Response Zone: <u>Santa Clara County</u>	
Address: <u>4933 Bailey Loop McClellan, CA 95652</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>		
Phone Number: <u>(916) 921-4000</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
Transporting Agencies			
<input type="checkbox"/> Total number of responses	Total number of transports		
<input type="checkbox"/> Number of emergency responses	Number of emergency transports		
<input type="checkbox"/> Number of non-emergency responses	Number of non-emergency transports		
Air Ambulance Services			
<input type="checkbox"/> 109	Total number of responses		
<input type="checkbox"/> 109	Number of emergency responses		
<input checked="" type="checkbox"/> 0	Number of non-emergency responses		

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>California Dept. of Forestry</u>	Response Zone: <u>Santa Clara County</u>				
Address: <u>15670 Monterey Street</u>	Number of Ambulance Vehicles in Fleet: <u>0</u>					
Phone Number: <u>Morgan Hill, CA 95037</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>0</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	
Transporting Agencies <hr/> <hr/> <hr/>						
Air Ambulance Services <hr/> <hr/> <hr/>						
<hr/> <hr/> <hr/>						

- Total number of transports
 Number of emergency transports
 Number of non-emergency transports
- Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: Falck of Northern California		
Address: <u>2190 South McDowell</u> <u>Petaluma, CA 94954</u>	Number of Ambulance Vehicles in Fleet: <u>7</u>		
Phone Number: <u>(800) 344-9955</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>5</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Air <input type="checkbox"/> Water	

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	Air Classification: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing
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Transporting Agencies

<u>3546</u>	Total number of responses	<u>3522</u>	Total number of transports
<u>2</u>	Number of emergency responses	<u>1</u>	Number of emergency transports
<u>3544</u>	Number of non-emergency responses	<u>3521</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>City of Gilroy Fire Department</u>	Response Zone: <u>Santa Clara County</u>										
Address: <u>7070 Chestnut Street Gilroy, CA 95020</u>	Number of Ambulance Vehicles in Fleet: <u>1</u>											
Phone Number: <u>(408) 848-0385</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>1</u>											
<table border="1"> <tr> <td>Written Contract:</td> <td>Medical Director:</td> <td>System Available 24 Hours:</td> <td>Level of Service:</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water </td> </tr> </table>		Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water			
Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:									
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water									
<table border="1"> <tr> <td>Ownership:</td> <td>If Public:</td> <td>If Public:</td> <td>If Air:</td> <td>Air Classification:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private </td> <td> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: </td> <td> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District </td> <td> <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing </td> <td> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </td> </tr> </table>		Ownership:	If Public:	If Public:	If Air:	Air Classification:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Transporting Agencies
Ownership:	If Public:	If Public:	If Air:	Air Classification:								
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue								
<u>1953</u> <u>1936</u> <u>17</u>	Total number of responses Number of emergency responses Number of non-emergency responses	<u>13</u> <u>13</u> <u>0</u>	Total number of transports Number of emergency transports Number of non-emergency transports									
			Air Ambulance Services									
			Total number of transports Number of emergency transports Number of non-emergency transports									

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: City of Milpitas			Response Zone: Santa Clara County																
Address: 777 Main Street Milpitas, CA 95035	Number of Ambulance Vehicles in Fleet: 0																			
Phone Number: (408) 568-2824	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0																			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <table border="1" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table>			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																	
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																	
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																	
		<input type="checkbox"/> IFT																		

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Public: <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

Total number of transports

Number of emergency transports

Number of non-emergency transports

Air Ambulance Services

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>City of Mountain View Fire Dept.</u>	Response Zone: <u>Santa Clara County</u>	
Address: <u>1000 Villa Street</u>	Number of Ambulance Vehicles in Fleet: <u>0</u>		
Phone Number: <u>(650) 903-6804</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>0</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing
Transporting Agencies <hr/> <hr/> <hr/>			
Air Ambulance Services <hr/> <hr/> <hr/>			
<hr/> <hr/> <hr/>			

Total number of transports

 Number of emergency responses

 Number of non-emergency responses

Total number of transports

 Number of emergency transports

 Number of non-emergency transports

Total number of transports

 Number of emergency responses

 Number of non-emergency responses

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>NASA Ames Fire Department</u>	Response Zone: <u>Moffett Field</u>	
Address: <u>129th Air National Guard, Bldg 580 Moffett Field, CA 94035-1000</u>	Number of Ambulance Vehicles in Fleet: <u>0</u>		
Phone Number: <u>(650) 604-5416</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>0</u>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing
Transporting Agencies			
		Total number of responses	Total number of transports
		Number of emergency responses	Number of emergency transports
		Number of non-emergency responses	Number of non-emergency transports
Air Ambulance Services			
		Total number of responses	Total number of transports
		Number of emergency responses	Number of emergency transports
		Number of non-emergency responses	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>NORCAL Ambulance</u>	
Address: <u>6761 Sierra Ct. Dublin, CA 94568</u>	Number of Ambulance Vehicles in Fleet: <u>4</u>	
Phone Number: <u>(866) 755-3400</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>3</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>91</u>	Total number of responses	<u>86</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>91</u>	Number of non-emergency responses	<u>86</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County:	<u>Santa Clara</u>		Provider:	<u>City of Palo Alto Fire Department</u>		Response Zone:	<u>Santa Clara County</u>	
Address:	<u>250 Hamilton Avenue Palo Alto, CA 94306</u>		Number of Ambulance Vehicles in Fleet:	<u>4</u>				
Phone Number:	<u>(650) 329-2220</u>		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	<u>3</u>				
Written Contract:	Medical Director:	System Available 24 Hours:		Level of Service:				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	
				<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air	
					<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water	
						<input type="checkbox"/> IFT		

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing
				<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>4068</u>	Total number of responses	<u>3704</u>	Total number of transports
<u>3966</u>	Number of emergency responses	<u>3602</u>	Number of emergency transports
<u>102</u>	Number of non-emergency responses	<u>102</u>	Number of non-emergency transports
Air Ambulance Services			
Total number of responses _____			
Number of emergency responses _____			
Number of non-emergency responses _____			

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>Pro-Transport 1</u> Response Zone: <u>Santa Clara county</u>		
Address: <u>720 Portal Street</u>	Number of Ambulance Vehicles in Fleet: <u>29</u>		
Phone Number: <u>(800) 650-4003</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>21</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		System Available 24 Hours:	
		<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT
		<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	
		<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District
		<input type="checkbox"/> Rotary Wing	<input type="checkbox"/> Fixed Wing
Air Classification:			
<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			
Transporting Agencies			
<u>14451</u>	Total number of responses	<u>13756</u>	Total number of transports
<u>17</u>	Number of emergency responses	<u>12</u>	Number of emergency transports
<u>14434</u>	Number of non-emergency responses	<u>13744</u>	Number of non-emergency transports
Air Ambulance Services			
<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>Reach Air Ambulance</u>	Response Zone: <u>Santa Clara County</u>	
Address: <u>451 Aviation Blvd., Ste. 101</u>	Number of Ambulance Vehicles in Fleet: <u>1</u>		
Phone Number: <u>(408) 730-7133</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>0</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing
Transporting Agencies			
		Total number of responses _____ Number of emergency responses _____ Number of non-emergency responses _____	Total number of transports _____ Number of emergency transports _____ Number of non-emergency transports _____
Air Ambulance Services			
		<u>0</u>	Total number of transports _____ Number of emergency responses _____ Number of non-emergency responses _____

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Santa Clara			Provider:	Rural Metro- 9-1-1			Response Zone:	Santa Clara County		
Address:	1345 Vander Way			Number of Ambulance Vehicles in Fleet:	55						
Phone Number:	San Jose, CA 95112 (408) 645-7312			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	30						
Written Contract:	Medical Director:		System Available 24 Hours:				Level of Service:				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> IFT	<input type="checkbox"/> Air	<input type="checkbox"/> Water	<input type="checkbox"/> BLS Rescue

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing

Transporting Agencies

<u>118343</u>	Total number of responses
<u>110056</u>	Number of emergency responses
<u>8287</u>	Number of non-emergency responses

<u>78045</u>	Total number of transports
<u>34651</u>	Number of emergency transports
<u>43394</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses
<u> </u>	Number of emergency responses
<u> </u>	Number of non-emergency responses

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: Rural Metro IFT		Response Zone: Santa Clara County
Address: 55 Sycamore Milpitas, CA 95035	Number of Ambulance Vehicles in Fleet: 36		
Phone Number: (408) 708-9000	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> 9-1-1

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4653</u>	Total number of responses	<u>4519</u>	Total number of transports
<u>2</u>	Number of emergency responses	<u>1</u>	Number of emergency transports
<u>4651</u>	Number of non-emergency responses	<u>4518</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>Royal Ambulance</u>	Response Zone: <u>Santa Clara County</u>	
Address: <u>14676 Doolittle Drive</u>	Number of Ambulance Vehicles in Fleet: <u>15</u>		
Phone Number: <u>(510) 568-6161</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>10</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing

Air Classification:	
<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	
Transporting Agencies	
<u>10102</u> Total number of responses	<u>9512</u> Total number of transports
<u>15</u> Number of emergency responses	<u>11</u> Number of emergency transports
<u>10087</u> Number of non-emergency responses	<u>9501</u> Number of non-emergency transports

Air Ambulance Services

Total number of responses	<u> </u>	Total number of transports
Number of emergency responses	<u> </u>	Number of emergency transports
Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>City of San Jose Fire Department</u>		Response Zone: <u>Santa Clara County</u>	
Address: <u>255 North Montgomery Street</u> <u>San Jose, CA 95128</u>	Number of Ambulance Vehicles in Fleet: <u>5</u>			
Phone Number: <u>(408) 277-4084</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>3</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours:	
			<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS
				<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
			<input type="checkbox"/> Air	Air Classification:
			<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
				<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies				
<u>59875</u>	Total number of responses			
<u>49912</u>	Number of emergency responses			
<u>9963</u>	Number of non-emergency responses			
Air Ambulance Services				
<u> </u>	Total number of transports			
<u> </u>	Number of emergency transports			
<u> </u>	Number of non-emergency transports			

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: Santa Clara Co. Fire Department	Response Zone: Santa Clara County
Address: 14700 Winchester Blvd Los Gatos, CA 95030-1818	Number of Ambulance Vehicles in Fleet: 0	
Phone Number: (408) 378-4010	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

- ____ Total number of transports
- ____ Number of emergency transports
- ____ Number of non-emergency transports

Air Ambulance Services

- ____ Total number of responses
- ____ Number of emergency responses
- ____ Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>City of Santa Clara Fire Department</u>	Response Zone: <u>Santa Clara County</u>
Address: <u>777 Benton Street Santa Clara, CA 95050</u>	Number of Ambulance Vehicles in Fleet: <u>4</u>	
Phone Number: <u>(408) 984-3054</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport
		<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS
		<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
		<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies				

<u>1679</u>	Total number of responses	<u>3</u>	Total number of transports
<u>1647</u>	Number of emergency responses	<u>3</u>	Number of emergency transports
<u>32</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports
Air Ambulance Services			
<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: Santa Clara Co. Parks Department	Response Zone: Santa Clara County
Address: 298 Garden Hill Drive Los Gatos, CA 95032	Number of Ambulance Vehicles in Fleet: 0	
Phone Number: (408) 358-3741	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport
		<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT
		<input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Parks Dept.	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

- ____ Total number of responses
- ____ Number of emergency responses
- ____ Number of non-emergency responses

Air Ambulance Services

- ____ Total number of transports
- ____ Number of emergency transports
- ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	Santa Clara	Provider:	County of Santa Clara Sheriff's Ofc	Response Zone:	Unincorporated Clara County	Santa
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Address:	55 West Younger Avenue	Number of Ambulance Vehicles in Fleet:	0
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Phone Number:	San Jose, CA 95110 (800) 211-2220	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	0
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Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input type="checkbox"/> BL_S <input type="checkbox"/> X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
---	---	--	--

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Public: <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	---	---	---

Transporting Agencies	Total number of transports Number of emergency transports Number of non-emergency transports
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Air Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports
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Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: City of San Jose City Parks	Response Zone: City San Jose
Address: 1300 Senter Road San Jose, CA 95112-3623	Number of Ambulance Vehicles in Fleet: 0	
Phone Number: (408) 277-5531	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Parks Dept.	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Public: <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground
---	---	---	--	---	--

Transporting Agencies

- Total number of transports
 Number of emergency responses
 Number of non-emergency responses
- Total number of transports
 Number of emergency transports
 Number of non-emergency transports
- Total number of transports
 Number of emergency responses
 Number of non-emergency responses
- Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Santa Clara</u>	Provider: <u>Silicon Valley Ambulance</u>	Response Zone: <u>Santa Clara County</u>	
Address: <u>181 Martinvale Lane</u> <u>San Jose, CA 95119</u>	Number of Ambulance Vehicles in Fleet: <u>9</u>		
Phone Number: <u>(408) 225-2212</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>6</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Ground
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: 	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies			
<u>6403</u>	Total number of responses	<u>6301</u>	Total number of transports
<u>26</u>	Number of emergency responses	<u>8</u>	Number of emergency transports
<u>6377</u>	Number of non-emergency responses	<u>6293</u>	Number of non-emergency transports
Air Ambulance Services			
<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: Spring Valley Vol. FD	Response Zone: Unincorporated Clara County	Santa
Address: 4350 Felter Road	Number of Ambulance Vehicles in Fleet: 0		
Phone Number: (408) 228-3997	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0		

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
---	---	--	--

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotary	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	--	---

Transporting Agencies

- Total number of transports
Number of emergency transports
Number of non-emergency transports

Air Ambulance Services

- Total number of responses
Number of emergency responses
Number of non-emergency responses

- Total number of transports
Number of emergency transports
Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: Stanford Life Flight	Response Zone: Santa Clara County
Address: 300 Pasteur Drive	Number of Ambulance Vehicles in Fleet: 1	
Phone Number: (605) 725-4829	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport
		<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	--	--

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Air Ambulance Services

<u>51</u>	Total number of responses
<u>51</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Table 8: Resource DirectoryReporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: City of Sunnyvale Dept. Public Safety	Response Zone: City of Sunnyvale																
Address: 7000 All American Parkway Sunnyvale, CA 94088-3707	Number of Ambulance Vehicles in Fleet: 0																	
Phone Number: (408) 730-7133	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0																	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
<table border="0"> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> ALS</td> <td><input type="checkbox"/> 9-1-1</td> <td><input type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table>			<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground															
<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air															
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water															
		<input type="checkbox"/> IFT																

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Dept. Public Safety	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies				

- Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____
- Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

- Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: United Ambulance	Response Zone: Santa Clara County														
Address: 1181 Chess Drive Foster City, CA 94404	Number of Ambulance Vehicles in Fleet: 2															
Phone Number: (855) 525-1277	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1															
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT													
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input checked="" type="checkbox"/> Explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue												
Transporting Agencies <table border="1"> <tr> <td><u>32</u></td> <td>Total number of responses</td> <td><u>32</u></td> <td>Total number of transports</td> </tr> <tr> <td><u>0</u></td> <td>Number of emergency responses</td> <td><u>0</u></td> <td>Number of emergency transports</td> </tr> <tr> <td><u>32</u></td> <td>Number of non-emergency responses</td> <td><u>32</u></td> <td>Number of non-emergency transports</td> </tr> </table>					<u>32</u>	Total number of responses	<u>32</u>	Total number of transports	<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports	<u>32</u>	Number of non-emergency responses	<u>32</u>	Number of non-emergency transports
<u>32</u>	Total number of responses	<u>32</u>	Total number of transports													
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports													
<u>32</u>	Number of non-emergency responses	<u>32</u>	Number of non-emergency transports													
Air Ambulance Services <table border="1"> <tr> <td><u> </u></td> <td>Total number of responses</td> <td><u> </u></td> <td>Total number of transports</td> </tr> <tr> <td><u> </u></td> <td>Number of emergency responses</td> <td><u> </u></td> <td>Number of emergency transports</td> </tr> <tr> <td><u> </u></td> <td>Number of non-emergency responses</td> <td><u> </u></td> <td>Number of non-emergency transports</td> </tr> </table>					<u> </u>	Total number of responses	<u> </u>	Total number of transports	<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports	<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports
<u> </u>	Total number of responses	<u> </u>	Total number of transports													
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports													
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports													

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara	Provider: Westmed Ambulance			Response Zone: Santa Clara County
Address: 14275 Wicks Blvd. San Leandro CA. 94577	Number of Ambulance Vehicles in Fleet: 28			
Phone Number: (510) 614-1420	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 22			
Written Contract:		Medical Director:	System Available 24 Hours:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport
				<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
				<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> BLS Rescue
Level of Service:				
Ownership:		If Public:	If Public:	Air Classification:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing
Transporting Agencies				
13375	Total number of responses	12752	Total number of transports	
127	Number of emergency responses	81	Number of emergency transports	
13248	Number of non-emergency responses	12671	Number of non-emergency transports	
Air Ambulance Services				
	Total number of responses		Total number of transports	
	Number of emergency responses		Number of emergency transports	
	Number of non-emergency responses		Number of non-emergency transports	

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: El Camino Mountain View
Address: 2500 Grant Road
Mountain View, CA 94040

Telephone Number: 650-940-7385

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
■ Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input type="checkbox"/> Yes ■ No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹ EDAP² PICU³		<input type="checkbox"/> Yes ■ No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes ■ No		Trauma Center: <input type="checkbox"/> Yes ■ No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:					
■ Yes <input type="checkbox"/> No		■ Yes <input type="checkbox"/> No					

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Santa Clara County
Area or subarea (Zone) Name or Title: County of Santa Clara
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. 1. Rural/Metro of California, started service on July 1, 2011.
Area or subarea (Zone) Geographic Description: All areas of Santa Clara County excluding the Palo Alto zone.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive by action of the Board of Supervisors
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response, 7-Digit Emergency Response, Standby Service with Transport Authorization, and ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The County conducted a competitive process by publishing a Request for Proposals (RFP) for Advanced Life Support Emergency Ambulance Service on April 16, 2010. Rural/Metro of California, Inc. was selected as the preferred contractor on December 14, 2010, and entered into an agreement for advanced life support emergency ambulance services that became effective July 1, 2011 through June 30, 2016.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Santa Clara County
Area or subarea (Zone) Name or Title: Palo Alto
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Palo Alto Fire Department, providing service since 1975.
Area or subarea (Zone) Geographic Description: City limits of City of Palo Alto and adjacent unincorporated area including Stanford University.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive, pursuant to California Health & Safety Code Section 1797.224.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The City of Palo Alto, through its fire department, began providing emergency ambulance service within the city limits of the City of Palo Alto and adjacent unincorporated areas, including Stanford University, in 1975. That service has been provided continuously by the Palo Alto Fire Department since 1975, without a change in scope or manner of service to the zone.

TABLE 9: FACILITIES

County: _____ Santa Clara County
 Note: Complete information for each facility by county. Make copies as needed.

Facility: Good Samaritan Hospital
 Address: 2425 Samaritan Drive
 San Jose, CA 95124

Telephone Number: 408-559-2011

<u>Written Contract:</u>	<u>Service:</u>		<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center</u> ¹		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
EDAP ²		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
PICU ³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level II <input type="checkbox"/> Level III	
<u>STEMI Center:</u>		<u>Stroke Center:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Santa Clara
Address: 700 Lawrence Expy
Santa Clara, CA 95051Telephone Number: 408-851-5460

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<u>Pediatric Critical Care Center¹</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	
		<u>EDAP²</u>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<u>PICU³</u>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<u>STEMI Center:</u>		<u>Stroke Center:</u>		<u>If Trauma Center what level:</u>	
				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
						<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

¹ Meets EMSA Pediatric Critical Care Center (PCCCC) Standards² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Santa Clara County**Note:** Complete information for each facility by county. Make copies as needed.**Facility:** El Camino of Los Gatos
Address: 815 Pollard Road
Los Gatos, CA 95032Telephone Number: 408-866-4040

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Trauma Center:		If Trauma Center what level:	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Lucille Packard Childrens Hospital
 Address: 725 Welch Rd
Palo Alto, CA 94304

Telephone Number: 650-723-0592

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
		<u>Pediatric Critical Care Center¹</u>		<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>	
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
		<u>STEMI Center:</u>		<u>Stroke Center:</u>			
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: O'Connor Hospital
 Address: 2105 Forest Ave
San Jose, CA 95128

Telephone Number: 408-947-3999

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	Trauma Center:		If Trauma Center what level:	
EDAP²		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU³						<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Palo Alto VA

Address: 3801 Miranda Ave

Palo Alto, CA 94304

Telephone Number: 650-849-0221

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹ EDAP ² PICU ³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Regional Medical Center
Address: 225 N Jackson Ave
San Jose, CA 95116

Telephone Number: 408-259-5000

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pediatric Critical Care Center¹		Trauma Center:		If Trauma Center what level:			
<input type="checkbox"/> EDAP ² <input checked="" type="checkbox"/> PICU ³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Saint Louise Hospital
Address: 9400 No Name Uno
Gillroy, CA 95020

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
<u>Pediatric Critical Care Center¹</u>		<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>			
<u>EDAP²</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<u>STEMI Center:</u>		<u>Stroke Center:</u>					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No					
		<input checked="" type="checkbox"/> Yes					

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser San Jose
 Address: 250 Hospital Pkwy
San Jose, CA 95119

Telephone Number: 408-972-7634

Written Contract:		Service:		Base Hospital:		Burn Center:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:		
EDAP ²		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	
PICU ³		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:						
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Stanford Medical Center
Address: Pasteur Drive
Stanford, Ca 94305

Telephone Number: 650-723-7337

Written Contract:		Service:		Base Hospital:		Burn Center:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:		
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I	<input type="checkbox"/> Level II	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:						
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Clara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Valley Medical Center
 Address: 751 S Bascom Ave
San Jose, CA 95128

Telephone Number: 408-885-6912

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
						<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
STEMI Center:		Stroke Center:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Santa Clara **Reporting Year:** 2015

Training Institution:	Foothill Community College 4000 Middlefield Rd. Suite I Palo Alto, CA 94303		
Student Eligibility*:	Open to Public	Cost of Program: Basic: <u>400</u> Refresher: _____	**Program Level <u>EMR</u>
			Number of students completing training for 2015: Initial training: <u>120</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
			Expiration Date: <u>1/31/20</u>
			Number of courses: Initial training: <u>6</u> Refresher: <u>0</u> Continuing Education: <u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	Foothill Community College 4000 Middlefield Rd. Suite I Palo Alto, CA 94303		
Student Eligibility*:	Open to Public	Cost of Program: Basic: <u>700</u> Refresher: <u>100</u>	**Program Level <u>EMT-I</u>
			Number of students completing training for 2015: Initial training: <u>170</u> Refresher: <u>60</u> Continuing Education: <u>60</u>
			Expiration Date: <u>1/31/20</u>
			Number of courses: Initial training: <u>6</u> Refresher: <u>3</u> Continuing Education: <u>3</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Santa Clara County

Training Institution: Address:	Foothill Community College 4000 Middlefield Rd. Suite I Palo Alto, CA 94303			Telephone Number:	650-949-6955
Student Eligibility*:	Open to Public	Cost of Program: Basic: _____ Refresher: _____	**Program Level Initial training: Refresher: Continuing Education:	Number of students completing training for 2015: 60 0 0	EMT - P 1/31/20
		Number of courses: Initial training: Refresher: Continuing Education:			

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Address:	Mission College			Telephone Number:	408-855-5387
Student Eligibility*:	Open to Public	Cost of Program: Basic: _____ Refresher: _____	**Program Level Initial training: Refresher: Continuing Education:	Number of students completing training for 2015: 160 30 0	EMT-I 7/31/17
		Number of courses: Initial training: Refresher: Continuing Education:			

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	National University		
Address:	3031 Tisch Way San Jose, CA 95128		
Student Eligibility*:	Open to Public	Cost of Program: Basic: \$1,467 Refresher: \$400	**Program Level EMT-I
			Number of students completing training for 2015: Initial training: 28 Refresher: 0 Continuing Education: 0 Expiration Date: 10/15/16
			Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	San Jose City College		
Address:	2100 Moorpark Ave San Jose, CA 95128		
Student Eligibility*:	Open to Public	Cost of Program: Basic: \$600 Refresher: \$45	**Program Level EMT-I
			Number of students completing training for 2015: Initial training: 65 Refresher: 15 Continuing Education: 0 Expiration Date: 1/31/17
			Number of courses: Initial training: 12 Refresher: 1 Continuing Education: 0

(408) 298-2181
 Telephone Number: Ex 3134

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Address:	Silicon Valley Ambulance - EMT Academy 181 Martinvale Lane			Telephone Number:	408-855-5387
Student Eligibility*:	Open to Public	Cost of Program: Basic: Refresher:	2,500 500	**Program Level	EMT-I
				Number of students completing training for 2015: Initial training: Refresher:	<u>20</u> <u>5</u> <u>104</u> <u>12/31/17</u>
				Continuing Education: Expiration Date:	
				Number of courses: Initial training: Refresher:	<u>2</u> <u>4</u> <u>7</u>
				Continuing Education:	

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Address:	South Bay Regional Public Safety Training Consortium 3095 Yerba Buena Road San Jose, CA 95135			Telephone Number:	(408)270-6458
Student Eligibility*:	Open to Public	Cost of Program: Basic: Refresher:	\$1,200 \$140	**Program Level	EMT-I
				Number of students completing training for 2015: Initial training: Refresher:	<u>33</u> <u>0</u> <u>0</u> <u>3/30/19</u>
				Continuing Education: Expiration Date:	
				Number of courses: Initial training: Refresher:	<u>2</u> <u>0</u> <u>0</u>
				Continuing Education:	

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	Stanford University		
Address:	300 Pasteur Drive, Alway Building M121 MCS119 Stanford, CA 94305-2200		
Student Eligibility*:	<u>restricted</u>	Cost of Program:	**Program Level EMT-I
		Basic: Tuition Refresher: Tuition	Number of students completing training for 2015: Initial training: Refresher: Continuing Education: Expiration Date:
			<u>27</u> <u>0</u> <u>0</u> <u>2/28/18</u>
			Number of courses: Initial training: Refresher: Continuing Education:
			<u>1</u> <u>0</u> <u>0</u>

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	WestMed College		
Address:	3031 Tisch Way San Jose, CA 95028		
Student Eligibility*:	<u>Open to Public</u>	Cost of Program:	**Program Level EMT - P
		Basic: <u>19,000</u> Refresher: <u>385</u>	Number of students completing training for 2015: Initial training: Refresher: Continuing Education: Expiration Date:
			<u>27</u> <u>34</u> <u>34</u> <u>7/31/19</u>
			Number of courses: Initial training: Refresher: Continuing Education:
			<u>2</u> <u>1</u> <u>1</u>

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address:	Bayshore Ambulance PO Box 4622 Foster City, CA 94404		
Telephone Number:	650.525.3855		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMT-D _____ BLS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	ALS _____ 5 Other
	Explain: _____		

Name: Address:	<u>CALSTAR</u> 4933 Bailey Loop McClellan CA. 95652		
Telephone Number:	916.921.4000		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMT-D _____ BLS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	ALS _____ 5 Other
	Explain: _____		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	California Department of Forestry		
Address:	Morgan Hill - ECC 15670 Monterey Street Morgan Hill, CA 95037		
Telephone Number:	408.779.2121		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> No	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input type="checkbox"/> LALS <input type="checkbox"/> BLS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	Explain: _____

Name:	City of Campbell Police Department		
Address:	70 North First Street Campbell, CA 95008		
Telephone Number:	408.866.2121		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> No	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input type="checkbox"/> LALS <input type="checkbox"/> BLS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	Explain: _____

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2014

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address: Telephone Number:	Primary Contact: <u>Communications Manager</u>		
City of Gilroy Police Department 7370 Rosanna Street Gilroy, CA 95020 408.848.0329			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <input type="checkbox"/> EMT-D <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	ALS <u>11</u> Other
	Explain: _____		

Name: Address: Telephone Number:	Primary Contact: <u>Communications Manager</u>		
City of Los Altos Police Department One North San Antonio Road Los Altos, CA 94022 650.948.8223			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <input type="checkbox"/> EMT-D <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	ALS <u>7</u> Other
	Explain: _____		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address: Telephone Number:	Town of Los Gatos Police Department One North San Antonio Road Los Altos, CA 94022 650.948.8223	Primary Contact: <u>Communications Manager</u>
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Day-to-Day <input type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____
		Number of Personnel Providing Services: EMD Training <u>8</u> BLS <u>8</u> If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		ALS <u>8</u> Other

Name: Address: Telephone Number:	Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022 650.691.1200	Primary Contact: <u>Operations Manager</u>
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Day-to-Day <input type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____
		Number of Personnel Providing Services: EMD Training <u>12</u> BLS <u>12</u> If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		ALS <u>12</u> Other

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address:	City of Milpitas Police Department 777 Main Street Milpitas, CA 95035			Primary Contact: _____ Communications Manager
Telephone Number:	408.586.2405			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input checked="" type="checkbox"/> BLS	ALS <u>16</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: Address:	City of Morgan Hill Police Department 17605 Peak Avenue Morgan Hill, CA 95037			Primary Contact: _____ Communications Manager
Telephone Number:	408.776.7304			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input checked="" type="checkbox"/> BLS	ALS <u>8</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address:	City of Mountain View Police Department			Primary Contact:	Communications Manager
Telephone Number:					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>4</u>	EMT-D <u>11</u>	ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other		BLS	LALS	
	Explain: _____				

Name: Address:	NASA-Ames Protective Services (Wackenhut)			Primary Contact:	Communications Manager
Telephone Number:					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>4</u>	EMT-D <u>10</u>	ALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		BLS	LALS	
	Explain: _____				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address: Telephone Number:	NORCAL Ambulance, Inc. 6761 Sierra Court, Suite G Dublin, CA 94568 925.452.8300	Primary Contact: <u>Barry Sutherland</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> No	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input checked="" type="checkbox"/> BLS	<input type="checkbox"/> LALS <input type="checkbox"/> Other	ALS <u>15</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name: Address: Telephone Number:	City of Palo Alto Police Department 275 Forest Avenue Palo Alto, CA 94301 650.903.6804	Primary Contact: <u>Communications Manager</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> No	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input checked="" type="checkbox"/> BLS	<input type="checkbox"/> LALS <input type="checkbox"/> Other	ALS <u>22</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address:	Pro-Transport-1, Inc. 940 Commercial Avenue Palo Alto, CA 94303	Primary Contact: <u>Dan Bobier</u>
Telephone Number:	800.650.4003	
Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> No
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	Number of Personnel Providing Services: EMT-D <u>24</u> ALS BLS <u>24</u> Other
	Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: Address:	Royal Ambulance, Inc. 14472 Wicks Boulevard San Leandro, CA 94577	Primary Contact: <u>Nik Bachler</u>
Telephone Number:	510.568.6161	
Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> No
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	Number of Personnel Providing Services: EMT-D <u>15</u> ALS BLS <u>15</u> Other
	Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Rural/Metro Ambulance of California, Inc.			Primary Contact:	<u>Matthew Lane</u>
Address:	550 Sycamore Drive Milpitas, CA 95035				
Telephone Number:	<u>408.645.7310</u>				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input type="checkbox"/> BLS	EMT-D <input type="checkbox"/> LALS	ALS <u>22</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name:	City of San Jose Fire Department			Primary Contact:	<u>Communications Manager</u>
Address:	855 North San Pedro Street San Jose, CA 95110				
Telephone Number:	<u>408.277.5486</u>				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <input type="checkbox"/> EMD Training <input type="checkbox"/> BLS	EMT-D <input type="checkbox"/> LALS	ALS <u>36</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address:	City of Santa Clara Police Department			Primary Contact:	Communications Manager
777 Benton Street Santa Clara, CA 95030					
Telephone Number: Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>18</u> EMT-D _____ BLS _____	EMT-D LALS	ALS Other
408.615.5580					
Ownership: ■ Public <input type="checkbox"/> Private	If Public: ■ Fire ■ Law ■ Other	Explain: _____	If Public: ■ City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name: Address:	County of Santa Clara Communications Department			Primary Contact:	Chief Dispatcher
2700 Carol Drive San Jose, CA 95125					
Telephone Number: Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>89</u> EMT-D _____ BLS _____	EMT-D LALS	ALS Other
408.299.3151					
Ownership: ■ Public <input type="checkbox"/> Private	If Public: ■ Fire ■ Law ■ Other	Explain: _____	If Public: ■ City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

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NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address: Telephone Number:	Silicon Valley Ambulance 181 Martinvale Lane San Jose, CA 95119 877.778.4911	Primary Contact: <u>Randy Hooks</u>
Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/>
Ownership: □ Public ■ Private	If Public: □ Fire □ Law □ Other	Number of Personnel Providing Services: EMT-D <input type="checkbox"/> BLS <input type="checkbox"/>
	Explain: _____	ALS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 4 <input type="checkbox"/> Other

Name: Address: Telephone Number:	Stanford Life Flight 300 Pasteur Drive Stanford, CA 94305 650.497.8674	Primary Contact: <u>Michael Baulch</u>
Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/>
Ownership: □ Public ■ Private	If Public: □ Fire □ Law □ Other	Number of Personnel Providing Services: EMT-D <input type="checkbox"/> BLS <input type="checkbox"/>
	Explain: _____	ALS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 4 <input type="checkbox"/> Other

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County: Santa Clara

Reporting Year: 2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Address:	City of Sunnyvale Department of Public Safety PO Box 3707 Sunnyvale, CA 94088			Primary Contact: <u>Communications Manager</u>
Telephone Number:	408.730.7162			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>20</u> <input type="checkbox"/> EMD Training <input type="checkbox"/> BLS	EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____			If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: Address:	Westmed Ambulance, Inc. 14275 Wicks Boulevard San Leandro, CA 94577			Primary Contact: <u>Coleen Seymour</u>
Telephone Number:	888.331.1420			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>30</u> <input type="checkbox"/> EMD Training <input type="checkbox"/> BLS	EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____			If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

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NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	United Ambulance Service			Primary Contact:	Chris Moessmer
Address:	1181 Chess Drive, Suite E Foster City, CA 94404				
Telephone Number:	(855) 525-1295				
Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ BLS _____ EMT-D	ALS 3	Other
Ownership: □ Public ■ Private	If Public: □ Fire □ Law □ Other	Explain: _____	_____ LALS		

Name:	Falk Northern California			Primary Contact:	Brian Hubbell
Address:	2190 South McDowell Blvd Petaluma, CA 94954				
Telephone Number:	(800) 344-9955				
Written Contract: ■ Yes <input type="checkbox"/> No	Medical Director: ■ Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ BLS _____ EMT-D	ALS 12	Other
Ownership: □ Public ■ Private	If Public: □ Fire □ Law □ Other	Explain: _____	_____ LALS		